

STATE OF MAINE

**BOARD OF
VETERINARY MEDICINE**

APPLICATION FOR EXAMINATION

Veterinary Technician (VTNE)



Department of Professional and Financial Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8620
TTY/HEARING IMPAIRED 1-888-577-6690
FAX: (207) 624-8637

Office located at: 122 Northern Avenue, Gardiner, Maine
Email: antonio.sirabella@maine.gov

APPLICATION INSTRUCTIONS

PLEASE FIND ENCLOSED THE FOLLOWING:

- ☐ Application for Examination
- ☐ Verification of good standing
- ☐ Accommodation Request Form

The Veterinary Technician National Examination (VTNE) is offered in January and June yearly. The exams are held at 9:00 a.m. at the Department of Professional and Financial Regulation, 122-124 Northern Avenue, Gardiner, Maine. **The deadline for applications is 30 days prior to examination.**

COMPLETED APPLICATION MUST INCLUDE:

- Completed application(s)
- Appropriate fees (payment may be made in the form of a check payable to Treasurer, State of Maine, VISA, or MasterCard authorization form)
- Recent photograph of yourself (please attach to back of application)
- Official transcripts or letter of intent to graduate from dean of school
- Verification of good standing. Applicant completes the top portion and forwards to every state in which you now hold or have ever held a license to practice as a veterinary technician

If you have a disability and may require some accommodation in taking this examination, be sure to complete the enclosed "Request for Accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on-site.

The Board of Veterinary Medicine requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted** Documents that have been modified or altered in any way will not be accepted.



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BOARD OF VETERINARY MEDICINE
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Direct Tel: (207) 624-8620 Receptionist: (207) 624-8603
FAX: (207) 624-8637 - TTY/ Hearing Impaired: 1-888-577-6690

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

Application for Examination

| | |
|-----------------------------------|-----------------|
| Application Fee | \$ 20.00 |
| License Fee | \$ 30.00 |
| Examination Fee | \$110.00 |
| Criminal History Record Check Fee | <u>\$ 15.00</u> |
| Total Fee | \$175.00 |

Name of applicant: _____

Any other names used: _____

Contact address: _____
Street or P.O. Box

City/Town State Zip Code County

Contact Tel: _____ Email address: _____

Date of Birth: _____ SS#: _____

EDUCATION:

NAME OF SCHOOL: _____

DEGREE AWARDED: _____ YEAR AWARDED: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING "YES" OR "NO":

1. Have you ever been credentialed in another state or territory? YES NO

State: _____ License No.: _____

Date issued: _____ Expiration date: _____

If you answer yes to any of the following questions, please attach an explanation.

2. Has any state board governing the practice of veterinary medicine denied your application for examination or license? YES NO

3. Has your credential ever been suspended or revoked by any state? YES NO
4. Have you ever been convicted of a crime other than a minor traffic violation? YES NO
If yes, please describe below in detail the crime(s), list date(s), and submit a copy of the court judgement(s) as well as a letter from you explaining the circumstances surrounding your conviction.
-
5. Do you now hold or have you ever held a license that has been subject to disciplinary proceedings, administrative penalties, fines, reprimands, or that has been suspended, revoked, placed on probation, or limited in any way, by any state licensing authority? Yes No
6. Have you every surrendered your license to any state licensing authority? Yes No
7. Have you ever had your United States Drug Enforcement Administration privileges restricted or revoked or limited in any way? Yes No
8. Are you currently under investigation by another licensing authority? Yes No
9. Do you currently have any physical or mental impairment related to drugs, alcohol, or finding of mental incompetence that would limit your ability to undertake the practice of veterinary medicine safely? Yes No

Criminal History Record Check

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for each application filed with this office.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. As of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety, which shall be \$15.00 as of May 1, 2003.

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

By submitting this application I understand that the Board of Veterinary Medicine will rely upon this information for issuance of my license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Signature of Applicant

Date

VERIFICATION OF GOOD STANDING

To be completed by applicant prior to mailing to each state in which you now hold or have ever held a license to practice. Please print. (This form may be copied as necessary.)

Name: _____

—

Address: _____

(state) (zip code) Date of Birth: _____

License #: _____ Date

Issued: _____

I hereby authorize the Veterinary Licensing Authority of the State of _____
to furnish to the Maine State Board of Veterinary Medicine the information requested below.

Applicant Signature: _____ Date: _____

To be completed by the State Licensing Board verifying the above information. Please complete this section and return to the applicants address above:

LICENSING BOARD OR AGENCY: This is to certify that the above-named individual was issued License

_____ to practice as a veterinarian on: (date issued)

Basis of Licensure: ☐ Examination: Indicate the year examination taken.

☐ NBE yr _____ ☐ CCT yr _____ ☐ State Exam yr _____

☐ Other _____ ☐ ECFVG yr _____ ☐ CVMA yr _____

☐ Endorsement from _____ (Indicate state)

☐ Waiver - Indicate on what basis: _____

Was this applicant's school accredited by the AVMA?

☐ Yes

☐ No

If no, did the applicant hold an ECFVG Certificate or the CVMA?

☐ Yes

☐ No

Status of License: ☐ Active ☐ Inactive ☐ Lapsed Date license expires/d: _____

Disciplinary Action: (If yes, please attach a copy of the decision and a detailed explanation for the discipline and a copy of the consent agreement(s) or decision & order(s) issued)

Has this license ever been revoked, suspended, limited, surrendered, restricted, placed on probation, encumbered in any way or is it currently under investigation? ☐ Yes ☐ No

Signature: _____

Title: _____

State: _____

Date: _____

(SEAL)



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

| | | |
|--|---------------|---------------------|
| Name: (applicant fees being paid for) | | |
| Mailing Address: (applicant fees being paid for) | | |
| City: | State: | Zip Code: |
| County: | | Telephone #: |
| Name of cardholder: (if other than applicant) | | |
| Mailing Address: (if other than applicant) | | |
| City: | State: | Zip Code: |

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____

Card number

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____



PHONE: (207)624-8603
(Office Phone)

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

1-888-577-6690 (TTY/HEARING IMPAIRED)

Published under appropriation 01402A4120012 Revised 05/01/03
Physical location: 122 Northern Ave, Gardiner Maine 04345
Website: www.maineprofessionalreg.org



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ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission

Name: _____

Address: _____

Telephone #: _____ Social Security Number: _____

Accommodations Requested for the _____ Examination.

Disability _____

Please check all that apply

- ☐ **Accessible Testing Site**
- ☐ **Separate Testing Site**
- ☐ **Braille**
- ☐ **Large Print**
- ☐ **Tape**
- ☐ **Reader as Accommodation for Visual Impairment**
- ☐ **Scribe/Amanuensis as Accommodation for Visual or Motor Impairment**
- ☐ **Reader as Accommodation for Learning Disability**
- ☐ **Scribe/Amanuensis as Accommodation for Learning**
- ☐ **Sign Language Interpreter**
- ☐ **Extended Time**
- ☐ **Time-and-a-half**
- ☐ **Double time**
- ☐ **More than double time (specify) _____**
- ☐ **Use of Computer or Other Adaptive Equipment (specify) _____**
- ☐ **Other: _____**

Signed and Dated:

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a
(Test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, providing the following should accommodate him/her: (check all types)

- ☐ **Taped test**
- ☐ **Large print test**
- ☐ **Reader**
- ☐ **Scribe/amanuensis**
- ☐ **Extended time**
 - ☐ **Time-and-a-half**
 - ☐ **Double time**
 - ☐ **More that double time (please justify) _____**
- ☐ **Separate Testing Area**
- ☐ **Use of Computer or Other Adaptive Equipment (please specify) _____**
- ☐ **Other (please specify) _____**

Signed: _____ Title: _____

Date: _____ License # (if applicable): _____